Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: see Overview of Kentucky's State Performance Plan Development Process document.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 3 – Percent of infants and toddlers with IFSPs who demonstrate improved: A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication); and C. Use of appropriate behaviors to meet their needs. (20 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Positive Social-emotional skills (including social relationships):

a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who

improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

Overview of Issue/Description of System or Process:

The outcome measurement system for Kentucky includes:

1. **Policies and procedures to guide outcome assessment and measurement practices**
2. **Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use**
3. **Quality assurance and monitoring procedures to ensure the accuracy of the outcome data**
4. **Data system elements for outcome data input and maintenance, and outcome data analysis functions**

Each of these is described below:

1. Policies and procedures to guide outcome assessment and measurement practices

Kentucky has developed the First Steps Developmental Status Scale (formerly called Delay Ranking Scale), on which providers will record **current status** in each developmental domain on a scale of 0 – 3; with 0 = child has developmentally appropriate skills for that area, 1 = child is slightly behind same age peers for that area, 2 = child is markedly behind same age peers for that area, 3 = child is significantly behind same age peers for that area. The ratings will be obtained upon entry and each 6 months thereafter at the time of IFSP review. At each 6-month interval of enrollment after the initial evaluation, **progress status** for each domain will also be ranked using a three-point scale with a = age appropriate, child has reached or maintained functioning at level of same-aged peers, b = shows an improvement, child has improved functioning since last rating or c = no improvement, child did not improve functioning since last rating. IFSP team members will utilize informed clinical judgment, knowledge of typical child development, the child's response to the therapeutic intervention provided over the previous period, any formal or informal testing appropriate for the domain(s) that was administered, observation, and/or parent/caregiver report to assign a number and letter score. Kentucky has determined that the social-emotional domain scores will be used to report on the positive social-emotional skills strand of the indicator; cognitive and communication scores will be used to report on the acquisition and use of knowledge and skills strand and adaptive scores will be used to report on use of appropriate behaviors strand. In the OSEP letter dated September 8, 2005, written in response to Kentucky's FY 2003 APR, OSEP noted that Kentucky "must determine whether data collected related to this area will be responsive to those requirements" (referring to our progress scale for child outcomes). While Kentucky knows that there is not a complete, direct correspondence between certain domains and the three early childhood outcomes. The communication domain for example, has some crossover in all three outcomes. However, Kentucky has had this evaluation system in place for over a year and sees enough of a correspondence between the domains assigned to each outcome to yield a reasonable measure of progress on the outcomes. Our providers have been trained and currently use this scale and it is the best approximation we currently have to obtain some measure of progress on the child outcomes recently adopted. Kentucky anxiously awaits the research and reports from the Early Childhood Outcomes GSEGs and plans to change and implement a process validated by that research and recommended by the GSEGs and OSEP as soon as one becomes available.

In FY 2006 (July 1, 2005 – June 30, 2006) Kentucky will gather current status baseline data on all new entrants to First Steps and will report that on the APR due February 2007. In FY 2007 Kentucky will report on progress status on the child outcomes for those children who were in the baseline pool.

2. Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting, and use

Kentucky's current providers have already been trained on the use of and data reporting for the Developmental Status Scale (formerly called Delay Ranking Scale) "current status" measures. They will now need training on use of and data reporting for the "progress status" portion of the measure. This training and technical assistance will be provided by our seven regional technical assistance teams, most of whom are based in regional Universities, by April, 2006. Information about and training on the Developmental Status Scale will be included in the mandatory training required for all new providers in Kentucky as well. When a new process, validated by the GSEGs is adopted in Kentucky, a training and technical assistance plan will be developed to establish that new process.

3. Quality assurance and monitoring procedures to ensure the accuracy of the outcome data

Data forms submitted by service coordinators to CBIS with Developmental Status Scale reports by domain for current status and progress status will be checked to verify that the required data is reported. If it is absent, the Service Coordinator will be contacted to provide the needed data. In addition when individual providers are monitored by the Program Evaluator, child evaluation and progress reports will be audited to verify that those scores are included and supported by documentation as required.

4. Data system elements for outcome data input and maintenance, and outcome data analysis functions

Data on each child is reported on a data form by the Service Coordinator to Central Billing and Information Systems (CBIS). It is entered manually by data entry personnel at CBIS into fields designed to capture the data. To obtain baseline data a query will be developed by CBIS as described with the data reported below.

Baseline Data for FFY 2004 (2004-2005): NEW INDICATOR, NOT REQUIRED

In the OSEP letter dated September 8, 2005, written in response to Kentucky's FY 2003 APR, OSEP indicated that Kentucky must determine if the data collected related to the progress scale for child outcomes through the Delay Ranking Scale would be responsive to those requirements. OSEP noted that they look forward to reviewing updated early childhood outcome date in the State's SPP. Even though it is not required in this State Performance Plan, Kentucky has collected outcome data based on the five domain areas. Primary Service Coordinators were responsible for providing rankings for each domain (based on data provided through therapists serving the children) according to whether there was no delay, a mild delay, a moderate delay, or a severe delay. This procedure was started January 1, 2005 and was to be completed at each six month IFSP review, or sooner if a change in delay status prompted an amendment to the IFSP. For this analysis, we selected only those with more than 60 days between the two rankings, in order to show clear change (or lack thereof) between the rankings. To date, there are 783 children who have both a time 1 and time 2 delay ranking with a time greater than 60 days between the two rankings.

We were interested to discover if the delay rankings could be used to provide data for the new child outcomes indicator on the SPP and subsequent APRs. In order to do that, we had to combine rankings for the cognitive domain and the communication domain to show information about "acquisition and use of knowledge and skills (including early language/communication)." We used the social/emotional domain ranking for "positive social-emotional skills (including social relationships)" and we used the adaptive domain for "use of appropriate behaviors to meet their needs. Since the social/emotional and appropriate behaviors were one-to-one comparisons with our domains, they need no further discussion on how they were developed. The knowledge area was calculated as follows: If there was a severe

delay in either domain, time 1 ranking and/or time 2 ranking on knowledge was counted as a severe delay. If there was no severe delay, but a moderate delay in either domain, knowledge was counted as a moderate delay. If there was no moderate or severe delay, but a mild delay in either domain, knowledge was counted as a mild delay. If there was no delay in both domains, knowledge was counted as having no delay.

Once we had time 1 and time 2 rankings for each of the three areas, we then had to determine how to measure whether the child reached or maintained functioning comparable to same-age peers, improved functioning, or did not improve functioning. Since the delay ranking scales measured level of delay, we could assume that a ranking of "no delay" meant that the child was at a level of **same-aged peers**. Any type of delay at all, by the very definition of delay, meant that the child was below functioning of same-age peers. A child who showed any delay at time 1 and achieved no delay at time 2 was taken as having achieved functioning comparable to same-aged peers. A child who had no delay at both time 1 and time 2, had maintained same-age functioning. Children who were taken as having **improved functioning** are those who went from a severe delay at time 1 to a moderate or mild delay at time 2, or who went from a moderate delay at time 1 to a mild delay at time 2. Children who **did not improve functioning** were those who had more of a delay at time 2 than they had a time 1. Children with no change stayed at the same level of delay from time 1 to time 2. Finally, those shown as having no intervention at least during 1 time point are those who had only one ranking in that particular domain. The lack of a ranking was most likely attributable to the family working on other goals and priorities for that six month period, and does not indicate that there was no delay in that domain.

Figure 1 shows how children did in each of the three areas. In the use of appropriate behaviors to meet their needs, 14.7% reached or maintained same-aged functioning, 13.4% made improvement, 6.6% showed a decline and 26.9% show no change
For positive social-emotional relationships, 17.9% reached or maintained functioning at a level comparable to same-aged peers. Another 7.7% showed some improvement, 8.7% actually declined from time 1 to time 2, and 22.6% showed no improvement in delay ranking.

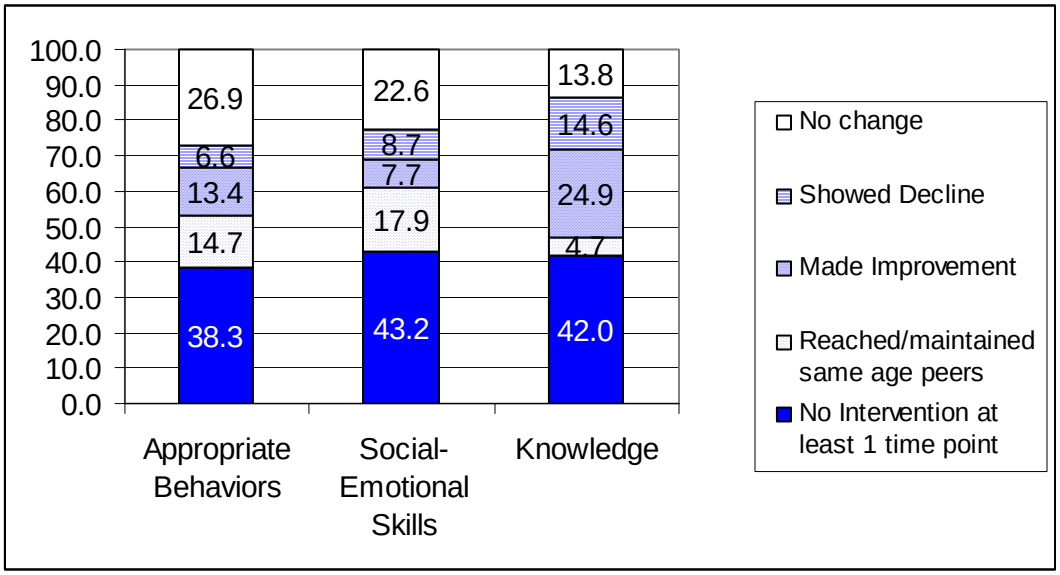

Figure 1

For acquisition and use of knowledge, 4.7% reached or maintained functioning at a level comparable to same-aged peers, while 24.9% made some improvement, 14.6% declined, and 13.8% showed no change.

We have determined that the delay ranking scale, while extremely helpful in determining change over time in delay level for the domains, does not adequately address the issues in indicator 3. (For that

reason, we have re-designed the system as described in the "Policies and Procedures to guide outcome assessment and measurement practices" section above.) One reason is that it is difficult to determine improvement. Those whose delay became worse clearly did not improve. However, it is not clear if the category of children for whom no change was apparent (e.g. they had a moderate delay at time 1 and a moderate delay at time 2) improved or did not improve. For example, maturation over time might help a child with a delay in communication learn a few new skills, but six months later the child is still in the same delay category because same-aged peers would have also learned new skills. Over time, each child is expected to learn more, do more and know more just because they are growing up. Using the definition of progress given at the 2005 OSEP Summer Institute, a child who showed no change on Kentucky's delay ranking, did improve, if only slightly due to maturation. On the other hand, the child might not have made any improvement at all, in fact may have lost skills but still is in the same category of delay (mild, moderate or severe). Therefore, just because the delay ranking did not change, we cannot distinguish improvement from the lack of improvement. As a result, we have changed the scale to add a measure of "progress status" to distinguish those differences.

During September 2005, a survey was mailed to all primary service coordinators serving a child who received early intervention services in Kentucky from July 1, 2004 through June 30, 2005. Because we knew child outcomes would be an issue on the SPP and on February's APR, we decided to simply ask three questions, worded exactly as they are in the SPP. We asked the PSCs to rate the child's level of functioning demonstrated on the IFSPs during fiscal year 2005. We said, "Did the child reach or maintain a level of functioning comparable to same-aged peers, improve functioning but not reach a level of functioning comparable to same-aged peers, or not improve functioning at all?" Then we listed the three categories exactly as on the SPP. This data was compared to our delay ranking scale data (figure 1). Our survey results are in figure 2.

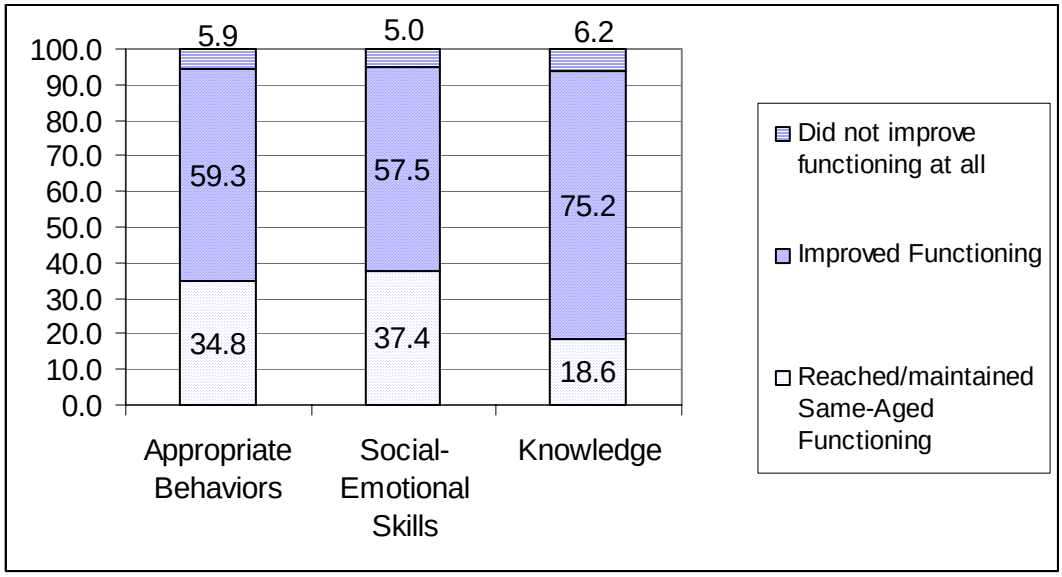

Figure 2

Primary service coordinators clearly felt that many children reached or maintained functioning at a level comparable to same age peers, and that the majority of those who did not definitely improved functioning. Few children were thought not to have improved.

Neither measure is a perfect indicator of child outcomes. The delay ranking scales, while more precise, rank delays on domains, rather than individual skills and behaviors. The survey, while supposed to be representative of objective measures in the child's permanent record was most likely a rather subjective exercise for PSCs. We anxiously await the Early Childhood Outcomes Center's advice in this area.

Discussion of Baseline Data: NEW INDICATOR, NOT REQUIRED

While baseline data and discussion of same was not required for this document, Kentucky included data – discussion of data can be found above.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	**NEW INDICATOR, NOT REQUIRED**
2006 (2006-2007)	**NEW INDICATOR, NOT REQUIRED**
2007 (2007-2008)	**NEW INDICATOR, NOT REQUIRED**
2008 (2008-2009)	**NEW INDICATOR, NOT REQUIRED**
2009 (2009-2010)	**NEW INDICATOR, NOT REQUIRED**
2010 (2010-2011)	**NEW INDICATOR, NOT REQUIRED**

Improvement Activities/Timelines/Resources:

While this information is not required for this SPP, Kentucky wishes to re-state that we plan to follow the progress of the Early Childhood Outcomes GSEGs closely and to change our system of obtaining this data to a research-validated plan proposed by the GSEGs when one becomes available.